

**South Carolina Historic Rehabilitation Incentives
Certified Rehabilitation Application
S2 – Amendment**

Use this form to propose changes in project work. Send the completed and signed form to State Tax Credit Review, State Historic Preservation Office, SC Department of Archives and History, 8301 Parklane Road, Columbia, SC 29223. Phone: 803-896-6199.
<http://www.state.sc.us/scdah/>

Please print in ink or type the information that you provide.

Historic Property Name (as submitted on S2 form): _____ County _____

Address _____ City _____, South Carolina (ZIP) _____

_____ - This amendment ADDS or DELETES items to the scope of the project work.

_____ - This amendment CHANGES an existing item.

Describe amendments to the project work

See photographs # _____, and/or plans # _____

TAXPAYER'S STATEMENT – by signing this form, I attest that the information provided herein is true and complete to the best of my knowledge. Further, I understand that falsification of factual representations in this application is subject to civil and criminal penalties as provided in 12-54-43 and 12-54-44 of the SC Code of Laws, 1976.

Name (print) _____ Signature _____ Date _____

Address _____ City _____, State _____ (ZIP) _____

SS Number _____ Daytime Telephone (_____) _____ e-mail _____

STATE HISTORIC PRESERVATION OFFICE USE ONLY

PROJECT NUMBER: _____

_____ The rehabilitation work as described in this amendment is certified and would meet the Secretary of the Interior's *Standards for Rehabilitation* if completed as described.

_____ The rehabilitation work as described in this amendment would meet the *Standards for Rehabilitation* ONLY if the Special Conditions on the attached sheet are met.

_____ The rehabilitation work as described in this amendment does not appear to meet the *Standards for Rehabilitation* and is not approved for this property. The attached sheet describes the specific problems with the proposed work. Consult the South Carolina Department of Archives and History to resolve these issues prior to beginning the rehabilitation work described above.

State Historic Preservation Officer – Authorized Signature

Date

See attached sheets